



LOSS OF SWC PROMISE APPEAL

Last Name	First Name	MI	SWC ID Number
Email Address	Telephone Number		Semester (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring

SWC Promise Satisfactory Academic Progress Standard

SWC Promise recipients must enroll in 12+ units each semester to maintain SWC Promise eligibility.

SWC Promise Appeal Reasons

Please check the reason that applies to you and **attach required documentation! Please only check one reason for appeal.**

- Extenuating Circumstances.** I experienced extenuating circumstances, which are verified cases of accident, illness, financial difficulty, job loss, homelessness, eviction, or other circumstances beyond my control. **Inclusion of documentation of extenuating circumstances is strongly recommended.**

- DSS Accommodation (effective Jan. 1, 2020).** I am a student with a verified disability who registered with Disability Support Services (DSS) and enrolled in fewer than 12 units, a level considered full time for me by my DSS counselor. **Attach a copy of your Authorized Academic Accommodation Form and verification of requirement to enroll in less than 12 units.**

Student Certification

Please initial below to certify:

- _____ All statements and supporting documentation are true and correct to the best of my knowledge.
- _____ I understand that if my appeal is not approved, I will not be eligible for the SWC Promise in the future.
- _____ I understand that processing of my appeal will take 2-4 weeks.
- _____ I understand that all information provided on this appeal is considered confidential. However, **all Financial Aid employees are considered Responsible Employees** and are mandated to report any incidents of sexual harassment, discrimination, assault,

_____ Student Signature	_____ Date
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FOR OFFICE USE ONLY			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> FOLLOW UP
Staff Signature _____			Date _____		
COMMENTS: _____					